


# ADOLESCENT PREGNANCY ATTITUDINAL SURVEY

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A THESIS

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## **Abstract**

A census of 53 adolescent females was conducted over a period of time beginning July 15, 2001 and ending March 5, 2002. Each subject was surveyed by using an interview with 66 items. The resources examined in this census were means of transportation and the social support structure before the female became an adolescent.

The census found that 72 percent (N=53) of the adolescent females interviewed do not have a car, and 79 percent do not use public transportation. The census also found that 77 percent of the adolescent females interviewed do depend on their family/friends for transportation, and eighty-five percent do not walk to most of the places that they want to go.

The census found that 100 percent (N=52) of the adolescent females interviewed stated that the most important person in their life when they were 10 years old was a family member. The census also found that the gender of the most important person of these adolescent females, when they were ten years old, was 79 percent female and 21 percent male.



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## **Statement of the Problem**

The efforts of both non-profit agencies and public agencies in Muscogee County to prevent adolescent pregnancy have not been found to be effective. While the rest of the nation is experiencing a dramatic decrease in adolescent pregnancy, the adolescent pregnancy rates for Muscogee County have remained the same. Female adolescents are not using the facilities that have been established in Muscogee County with the purpose of preventing teen pregnancy. These facilities were designed to educate adolescents and to distribute free of charge a multitude of different types of birth control devices and medications. These clinics were strategically located to be convenient to the adolescents and the staff highly trained in how to discuss and advise adolescents. The difference in Muscogee County and the rest of the nation is that the rest of the nation has changed their tactics in addressing adolescents.

The rest of the nation now is starting initiatives that have decreased the emphasis on education and distribution of contraceptives and increased the emphasis on teaching self-esteem, pride in accomplishments, and reality training on costs, education, and household economics. The reality training now can consist of exercises on budgeting for household expenses for a month, caring a flour sack (as if a baby) for six weeks and having to mark down feeding and diaper changing times, as well as having to figure out household expenses on a pretend wage allowance for a job. Other areas of the country also incorporate and encourage adolescent males, parents and relatives to also participate in the training. Areas of the country that are successful do not believe that biological education of adolescent females is sufficient to stand alone as a means of decreasing adolescent pregnancies. Areas of the country that have successfully had a decrease in





adolescent pregnancy have included the adolescent's friends, relatives, and included males in the participation training and exercises. It is obvious that adolescent females, in Muscogee County, have not seen a value or importance in the services provided to them regarding prevention of adolescent pregnancy or have not had the emotional support or transportation to take advantage of preventive and educational services. It therefore has become important to devise a survey tool to further study the attitudes and resources of adolescent females in Muscogee County.

### **Topic Relevance and Logic of Research**

Faced with ever-decreasing resources and ever-increasing needs of the population, government in general is reprioritizing its efforts. Many social services now have to quantifiably prove both their efficiency and effectiveness in regards to their goals. Scientific management is now the skeletal structure with which non-profit organizations have provided detailed proof of meeting specific goals and objectives, in order to receive funding through governmental agencies. Non-profit and indigent care programs of all types have come under an increased amount of scrutiny. Justifications such as a worthy cause in general and testimonials from those helped have become insufficient for non-profit agencies to receive or continue to receive funding for worthy causes.

There are many that are entirely dependent on these receiving money and services from non-profit agencies. When multiple generational groups have depended on services for a long period of time, their decision-making is based on the assumption that these services will continue. In the past, indigent care was provided based on the population simply believing, on an emotional or spiritual level, that it would be the "right" thing to provide certain services and support.



On a subconscious level, the population of the generations that enacted such assistance must have had the basic belief that those helped by such assistance would change their behavior or would raise children who would live a better life and make better choices because of their assistance. During this time frame of trying to better society at large because of the premise of the “right” thing to do, non-profit agencies that provided indigent care did not keep track of those whose families were “positively” changed and made “wiser” choices over time. When funding for publicly sponsored programs became tight and resources became less available to facilities, government agencies had to become more selective of what to support and how much support should be given to specific services. One way that the government did this was to implement scientific management principles to run such services and attach funding to performance.

Unfortunately, the portion of society that benefits from such services have not incorporated these principles into their decision making process. The concept of limited resources and unlimited wants is cold and can have devastating effects to those in need. However, there is a reality of a significantly decreasing amount of resources with which to provide social services. Many who benefit from such services have not been informed or have not understood that the services might be in the process of being phased out, cut entirely, or expected to produce results of decreasing the number of those who seek the service. An example commonly known is the teen pregnancy prevention program’s mission, goals and objectives. The purpose of a teen pregnancy prevention program is supposed to be to reduce the number of adolescent pregnancies. However, even though this is common sense to many, those in need vary in their reason for the need of such assistance and even in awareness toward such a program. It is unreasonable and even



irresponsible for agencies to lump all the wide variety of situations that cause teen pregnancy into one category and base decisions based on that one stereotypical category. It is unreasonable to base legislation on stereotypes and misconceptions if the reason for adolescent pregnancy in a certain area is due to a high incidence of rape and pro-life religious beliefs. The methodology in creating a system to prevent adolescent pregnancy would also vary depending on what is the root cause of the circumstances that cause the pregnancy or influence the adolescent's decisions.

It is important to examine the attitudes of the pregnant adolescent females in Muscogee County to try and understand how non-profit and public services can better use funds to try and prevent adolescent pregnancy. The key to the prevention of more adolescent pregnancies is to understand the attitudes and beliefs of current adolescent females. Over time, it is possible for a simple survey tool to allow staff members to better understand how to adjust services and counseling programs to be more effective in decreasing the number of adolescent pregnancies in Muscogee County.

### **Objectives**

1. To better understand pregnant adolescents' current transportation resources.
2. To understand what category of relationship the pregnant adolescent had with the most important person to them when they were ten years old.
3. To determine if the most important person in the female adolescent's life when they were ten years old was either male or female.

The purpose of these objectives is to create a picture of the resources and environment that pregnant adolescents have available to them.





## **Literature Review**

### Adolescent Pregnancy Attitudinal Survey

Adolescent pregnancy has become a situation that is of crisis proportion in the United States. While adolescent pregnancy has always existed, it has never been such a dramatic part of this country's culture. Socially acceptable and economically profitable in the short-term, adolescents are unaware of the long-term hardships that they will have to confront by becoming pregnant. The hardships that a teen parent has to face in today's economic environment are staggering. For the rest of the adolescent's life, the adolescent will have to struggle to bridge the gap with others of his/her age group concerning education and the ability to provide for themselves, as well as their child. It is rare, and almost impossible, for an adolescent to overcome such obstacles in life.

The major problem with adolescent pregnancy is that it coincides with problems such as illegitimacy, poverty, sexually transmitted diseases, statutory rape, and an inability for the parents to provide emotionally, educationally and economically for the child. The concepts of cause and effect have never been considered the strong suit of adolescents. One must also take into account that many adolescents who become pregnant come from up to three generations of women who also were unmarried and pregnant as adolescents. Another aspect to consider is that the majority of adolescents that become pregnant have friends who become pregnant at the same time. Adolescent pregnancy is part of our culture and is not something that just happens to people that we simply don't know or can't identify with. Adolescent pregnancy and the fallout that results for the parents and their child not only effect the adolescent mother, father and their child, but their decisions or lack of discernment affects all of society. For it is the



entire community, and even federal systems, that ultimately have to pay the price for the actions of adolescent parents and poor judgment. Everything that is involved with the issues of adolescent pregnancy creates impossible odds, and the overwhelming numbers of pregnant adolescents face seemingly impossible odds for those who try and give assistance to them. The question quickly becomes, “how can society redesign itself for the purpose of decreasing the number of adolescents who become pregnant”? The daunting task that faces social reformers, who wish to change the reality of adolescent pregnancy and its repercussions on our nation, seem even more impossible that the challenges faced by a adolescent mother, father and their child will.

It is important to note the society in which adolescents live. For example, in 1988, Sheila Beachum-Bilby states that fifty percent of females and sixty percent of males, who are adolescent, had sexual intercourse. This is in sharp contrast to the twenty-five percent of people under twenty who had had sexual intercourse during the period of Vietnam (Beachum-Bilby, 1). The Chronic Disease Center states, “about one million teenagers become pregnant each year and that approximately 95% of those pregnancies are unintended, and almost one third end in abortions” (CDC, 1). The CDC also states that the “public costs from teenage childbearing totaled \$120 billion from 1985 to 1990 (1). In 1990 alone, the government spent on social, health and welfare services for adolescent mothers \$25 billion” (Mott, 2). According to the National Campaign to Prevent Teen Pregnancy, Georgia was ranked at number 45 numerically in the nation with 65,100 adolescent births. The state that ranked the lowest in adolescent births in the nation was New Hampshire with numerically 24,000 adolescent births. The District of Columbia had the highest number with numerically 83,500 adolescent births



(NCPTP, 3). According to Isabel Sawhill, an estimated forty percent of all girls in the United States become pregnant before their twentieth birthday (1). Sawhill also states that the numbers of adolescent girls that become “pregnant are at least twice as high as in other industrialized countries” (1). It is puzzling that the United States of America, with all of the possibilities that it bestows to its citizens, has a culture that could be compared to a third-world nation. In June of 2001, the National Campaign to Prevent Teen Pregnancy stated, four out of ten girls in the United States becomes pregnant at least once by the age twenty. This creates many questions, such as do these adolescents make unwise and short-term decisions or do adolescents who become pregnant do so because of their environment?

There is strong evidence to suggest that all adolescent sex is not a matter of adolescents only having sex with other adolescents. Adolescent sex is also a matter of females, who are adolescents, having sex with adult males. The Alan Guttmacher Institute found that, “39% of 15-year-old mothers say the father is 20 years old or older, 55% of 17-year-old teenage mothers say the fathers are adult, and 78% of 19-year old mothers say that the father is an adult” (Shapiro & Wright, 1). Adolescents, who are girls who become pregnant by adults, is not a reality that is a new subject. In fact, in 1920, adult men fathered 93% of the children who were born by adolescent girls. Shapiro and Wright assert that the difference between 1920 and the pregnant adolescent girl today is that the pregnant adolescent girls today frequently do not marry the child’s father.

However, not all relationships between adult men and adolescent girls are consensual. The aspect of rape must also be evaluated. The Justice Department found that half of the nation’s rapes, each year, occur to girls under the age of 18. Washington





State's public health clinics find that two-thirds of pregnant adolescents reported prior sexual abuse almost always by a parent, guardians or relatives. On average, the girls were less than 10 years old at the time of the first abuse while the male was 27 (Shapiro & Wright, 2). It is important to note that not all girls who become pregnant do so because they have the desire to become pregnant or because they have a choice in becoming impregnated. It is also important to note that the male rapist can frequently be characterized as a relative or friend of the family of the girl who is sexually assaulted. This high percentage of sexual violence that girls face as a reality of their lives has to affect the female adolescent's point of view in their decision-making and self-esteem. On the other side of the coin, this type of behavior is statutory rape, even if the female adolescent is consenting. Shapiro and Wright found that the "births to mothers ages 15-17, by age of the father:

Younger than 18	19 percent
18-19	30 percent
20 and older	51 percent" (3).

Medora and Hellen found that in 1988 489,000, adolescent females became mothers while only 195,000 adolescent males became fathers. The reason for the difference between the number of adolescent males and females who became parents in 1988 is that the difference between the two were males over the age of twenty that became fathers that year (Medora & Nilufer, 2). The number of men over the age of twenty who became parents with girls, who were under the age of twenty, was a staggering 294,000 nationwide. The reasons why men over twenty years old target women under the age of twenty varies and can become complex. Many of the reasons overlap in the motivation from the belief that women under twenty have less chances of disease, to the theory that



the male might have more dominance and control in the relationship (Medora & Niulfer, 2).

With adolescents having sex at 10 to 18 years old, most of these girls don't even know how to spell the word intercourse. Experts describe the motivation factors of adolescent females to be based on superstitious beliefs rather than on reality. Of those adolescent females who do consent to intercourse, one must consider the question of why would the girl consent to intercourse at such a young age. Medora and Hellen found that romanticism and self-esteem factors among adolescent girls to be a high cause of adolescent pregnancy (3). The adolescent stage of life is a time when most adolescents try to create a concept of who they are. After this mental image is formed, the next step for adolescents is to try and maintain this self-concept.

The majority of this newly created self-image of the adolescent is created from how others perceive the adolescent or display actions of approval or disapproval toward the adolescent's actions or non-actions. The old adage that people around us show us a mirror image of ourselves is especially true at this pivotal point in the lives of adolescents. Adolescents most often are shown who they are and what their future will be by what others around them say they are and what their future will be. If an adolescent lives in a world where teen pregnancy and illegitimacy describes the normal pattern of behavior for adolescents, then that will be viewed as normal and even acceptable behavior. It even stands to reason that if adolescent pregnancy and illegitimacy is the majority of a child's reality, then it stands to reason that many teens will view adolescent pregnancy and illegitimacy as their particular path in life.



If society, as in parents, teachers, government, mentors, do not tell adolescents that this is not normal and constructive behavior, then it is important to note all of the influences that assert to adolescents that adolescent pregnancy and illegitimacy is acceptable and normal. The National Campaign to Prevent Teen Pregnancy found that children that have close relationships with their parents are older when they begin sexual activities, have fewer partners, and use contraceptives. They also found that one major aspect of close parent and child relationships is constant adult supervision of the child's activities, friends, and feelings. The NCPTP stated that adult supervision is a major factor in teen pregnancy prevention efforts. This same organization found that parents are the most important influence in their decision making process about sexual activity than any other source. They also found that parents had more influence over their child's decisions regarding sex than the media. The NCPTP conducted a survey of adults and teens and asked who is the most responsible for "fixing the problem of teen pregnancy"(p. 2). They found that 85% of adults and 63% of teens stated that parents are responsible for solving teen pregnancy (NCPTP, 2).

The NCPTP also found that whether or not a teen is raised in a single parent home or a two-parent home can be a major determiner of the adolescent's likelihood of becoming pregnant. Adolescents who are raised by both parents are less likely to become pregnant because they are less likely to engage in sexual activity. Isabel Sawhill found that single parent families accounted for the majority of child poverty cases since 1970. Child poverty is a major risk factor when discussing adolescent pregnancy, as well as other high-risk activities. Sawhill states that child poverty is "five times higher in single parent homes than in two-parent families."





Sylvester states that child poverty is the most accurate predictor of teen pregnancy. According to Sylvester over nine million children live in families that depend on welfare. A cycle can be illustrated by discussing the fact that children raised in poverty are more likely to become unmarried adolescent parents, and unmarried adolescent women are more likely to need welfare and drop out of school. Once an adolescent female drops out of school and becomes dependent on welfare, the adolescent female is at greater risk of remaining on welfare for an indefinite period of time. The major criticism of welfare for adolescent parents is that it is not designed to place pressure on the adolescents and their parents to pay the consequences of sexual activity and adolescent pregnancy. Sylvester states that two-thirds of mothers who have never been married raise their children in poverty (1). Also, the children of single parent families who become pregnant at adolescents are more likely to have children who drop out of school and become pregnant themselves at adolescence (Sylvester, 2).

Friends, the media, relatives, neighbors, and classmates are all major influences on adolescents. The majority of these influences historically express adolescent pregnancy and illegitimacy as something that just happens and there will not be social consequences for these actions. The National Campaign to Prevent Teen Pregnancy found a significant connection between teens that display a variety of risky behavior and teen pregnancy. This agency found that 80% of girls and 40% of boys who drink or smoke at a young age have an increased risk of early sexual experience (NCPTP, 1). They also found that teens that drink or smoke are more likely to spend time with teens that they perceive to be more sexually advanced. This creates a situation where teens that are not sexually active become more sexually active based on peer normative values.



Sylvester states that teenagers have a difficult time understanding that depictions by the media are just fantasy, whereas in their own life they must face those consequences. Sylvester found soap operas and music groups to be a major influence on adolescent females by depicting wealthy, popular adults who have multiple sexual partners, and a high number of sexual activities, but do not show these characters having to face or discuss real life consequences. Various forms of the media that promote such fantasies do not show female adolescent topics such as how to legally earn a paycheck and use that money to make common sense decisions like how to purchase a car, pay rent for housing, grocery bills, and appropriate work clothing. Many of these answer questions of basic survival such as, “how do you get to where you want to go”? Do you have to walk to work and school, do you use the city buses, or do you rely on a friend or relative to take you in their car? These types of questions would seem strange and unnecessary to girls that only know the reality of MTV and life is a party (Sylvester, 2).

One must remember that the media does not advertise clothing that is appropriate for working. The media also does not discuss how much the clothing it does advertise actually costs. The actual costs of basic requirements of living, and the basic tasks to earn the money to pay for the costs of living are not taught to adolescent girls who become pregnant and come from impoverished backgrounds. Many of them have a simplistic view of the requirements of living and raising a family. It also means that most of these girls do not have family and friends who can financially assist them if they make unwise financial decisions at this tender age. Medora found that most of the teen pregnancy prevention programs tend to concentrate on biological aspects of reproduction while not addressing day-to-day realities. It is Medora’s belief that educational and



counseling programs should also include “challenges associated with relationships, sexual activity, pregnancy, and parenting during adolescence” (7). Studies have shown that teens that have conducted simulation exercises with “egg babies” have displayed dramatic changes in lifestyle and are less likely to enter into risky behavior (Medora, 7). Medora is also outspoken in the belief that teachers and educators should try and raise teens’ self-esteem while becoming more realistic and less romantic (8).

Adolescent pregnancy is an important topic that society has to study and address. It does not help for non-profit and public organizations to dump money into programs to prevent adolescent pregnancy without understanding the complete context of the subject and the resources that adolescents do not have.

### **Hypotheses**

1. The adolescent females do own a car as a means of transportation.

While there has been extensive research done on the resources to adolescent females, the question of transportation has not been a topic that has been explored by researchers. There is ample literature on the availability of food stamps, prenatal care, housing and employment status. There has not however, been an exploration to see how the adolescent females get to work, school and to healthcare facilities. There also have not been studies to determine if the adolescent females have their own personal car as a means of transportation.

2. The adolescent females do use public transportation.

Public transportation for adolescent females has not been researched. Public transportation has the potential to be a vital resource for adolescent females to get to and from work, school, and healthcare facilities. While employment and educational



opportunities are commonly studied at local levels, the studies do not mention how adolescent females get to and from their desired destinations. In Muscogee County, public transportation is not commonly available and the layout of the roads as well as the distances between major facilities and housing areas makes it important to know how many adolescent females use the public transportation system in Muscogee County.

### 3. The adolescent females do depend on family/friends for transportation.

It is important to find out the method used by the adolescent for transportation. If family/friend are essential for the female adolescents transportation, then it can be speculated that family/friends do have a certain amount of contact with the adolescent females. It is also might indicate that public transportation might not be available to the adolescent females because of where they live and where they wish to go. It is important for the reader to note that most of Muscogee County is not covered by a public bus or shuttle route. Muscogee County does not have a public passenger train system or high-speed rail systems (the T in Boston, L in Chicago or Marta in Atlanta). This means that there is a greater dependence that might be placed on the family/friends of the female adolescents for transportation. This dependency for transportation if true might also limit the female adolescent to orient her transportation around the work, educational or leisure schedule of the friend/family member that is providing the transportation.

### 4. The adolescent females do walk to most of the places that they wish to go to.

With transportation options limited toward adolescent females it is important to find out how many walk to most of the places that they wish to go to. Similar to all of the previous transportation questions, this particular question has not been found in other studies in determining an adolescent female's resources. There are major components





that could determine the answers to this question that include road layouts, distance, location of housing, and location of needed destinations. Muscogee County, could be considered to be spread out and the roads in the different parts of town are sometimes only connected by a major highway or interstate. The road network is not in a grid formation with one single name per street or avenue. It is not uncommon for one road to run the entire length or width of the town and to be very windy in nature and to have four or five names. It is also not uncommon for the major roads to have name changes that are noted on maps and street signs but never used by the locals, who usually give directions using the original name of the road when it was first paved forty years ago. It would be unusually difficult for anyone even in excellent shape, which knows Columbus well to be able to walk from the downtown area or the southern end of Columbus to the closest major hospital. The extreme high temperatures combined with high humidity in the summertime would make the walk potentially dangerous for the average person to walk the necessary four, from down town, to six miles, if from the southern Columbus, in the high humid heat would not be advisable and even dangerous nine months of the year. Still, depending on the location of the adolescent females place of residence it is possible that the adolescent female could walk to school, to a grocery store, and to receive medical attention. The ability of adolescent females to walk to places that they need to go to is indeed a major determiner of possible assets available to the adolescent females. However, it is more important with this particular question to determine how many adolescent females actually walk to most of the places they go.



5. The most important person in the life of the surveyed adolescent females, when they were ten years old, was their teacher.

It is important to note that according to Sawhill, ninety percent of high schools offer sex education (6). If teachers do not at least have a significant connection to the teachers then the teachers might not have an impact on the decision-making skills of the adolescent females. Weate discusses that teachers are being made to act as social workers and that children are not able to learn if “their basic needs are not being met” (2). She cites an example of how many home economics courses have evolved from sewing and cooking classes to training children in “self-esteem, stress management and conflict resolution” (3). Westall states that at 16 years of age adolescents have legal right to leave school and to get a low paid job (2). That means that to many female adolescents who become pregnant a teacher would probably not be the most important person in their lives.

6. The most important person in the life of the surveyed adolescent females, when they were ten years old, was their family member.

In determining the assets available to adolescent females, there is not a lot of literature to be found concerning the emotional, psychological and social foundation and background to the female prior to becoming both an adolescent and pregnant. Most of the literature reviewed suggests or states that it is imperative to prevent adolescent pregnancy for the adolescent female to have an extremely strong family connection and foundation. Most of the literature reviewed also discusses that this foundation needs to become secure before the female reaches adolescents.



7. The most important person in the life of the surveyed adolescent females, when they were ten years old, was a church member.

The most common places of worship in Muscogee County are churches. This is especially true in the areas of Muscogee County that have high poverty rates. It is not unusually for a church to be within easy walking distance from almost any place of residence in Muscogee County. This walking distance from a person's home to a church is almost always under half a mile and usually less than a city block. All of the churches in Muscogee County give out food, clothing and many forms of counseling to anyone who asks for assistance. Church is also a major social activity for the majority of the people who live in Muscogee County. It is not unusual for several generations of families to have attended the same church. This is true if the church is located and has members of a wealthy status or is located in the southern part of Muscogee County where members might not have as many resources. It is important to find out if adolescent females have had a major influence on them before they became adolescents by a church member. Again it is important to establish where the major connection and source of bonding comes from before the female becomes an adolescent to help determine who most strongly influence her life.

8. The most important person in the life of the surveyed adolescent females, when they were ten years old, was a volunteer at a club.

Many charities put a lot of money in Muscogee County into clubs for children and adolescents that have a large number of volunteers. It is important to compare how much of an influence volunteers at a club had in the life of the pregnant females life before she became pregnant. It is also important to study how significant the bond was for the



pregnant adolescent female when she was ten years old. It is common to hear in advertisements and fundraising campaign how important volunteers at clubs are to children and how volunteers make a difference for children later in their lives. However, the level of importance the pregnant adolescent female places on a volunteer when they look back when they were ten years old has not been looked at or studied.

9. The most important person in the life of the surveyed adolescent females, when they were ten years old, was a neighbor.

This hypothesis was added because there was an absence of literature regarding the impact of a neighbor on a female's life before the child becomes an adolescent. It is also not discussed in literature regarding the bond or a potential support structure that a neighbor could possibly give to a ten-year-old female. Neighborhoods have been commonly known to mobilize and march against crimes, drugs and drunk driving. However, I did not encounter in the review of the literature accounts of neighborhoods mobilizing in anti-teen-pregnancy campaigns. I also did not come across in the review of literature the subject of how neighbors could possibly be a part of a ten year olds or an adolescent female's support structure and have a significant bond and influence on the adolescent females life.

10. The most important person in the life of the adolescent females, when they were ten years old, was a female.

According to Sawhill half of all single parents are poor (1). Sawhill also states that the growth of female-headed, single parent families has also contributed to the escalation of poverty (2). "More than 32 percent of all children born in the United States and more than half in large cities are born outside of marriage" (Sawhill, 2). This





hypothesis is important to find out if the adolescent females in Muscogee County had a significant bond that would have made an influence on their lives before they became adolescents.

11. The most important person in the life of the adolescent females, when they were ten years old, was a male.

According to Sawhill most adolescent females grew up in a single parent family that was headed by a female (1). However, it is equally important to find out what the significant influence was in the pregnant females life before she reached adolescents. It is also important to be able to study the gender of that significant person when the adolescent was ten years old. The age of ten in this study is important because it is before most adolescent females can become pregnant and before most adolescent females develop secondary sexual characteristics.

### **Operationalized Variables**

- 1) The term “adolescent” for the purpose of this study ranges for the ages 11 to 18 years old. Even though 13 years of age is commonly thought as the beginning of adolescents, Columbus Regional Hospital and Doctors Hospital in Muscogee County have both had occurrences of 11 year old females giving birth. This age range was because “adolescents” begins at different ages for most females, and the goal of this project is to study adolescent females attitudes who have become pregnant in Muscogee County.

- 2) The term “own” does not ask or elaborate regarding the type of ownership. Owning is subjective and is defined by the person that is answering the



interview. It does not determine whether or not ownership means renting, leasing, paid cash or received as a gift.

3) The term “most” is considered, for the purposes of this study as being more than sixty percent. Because this study is a census of  $N=53$ , it was important for the results to be described as clear as possible and to be visually obvious. If this study had a larger  $N$  then it would be possible for the study to use a smaller percentage to describe the data.

### **Background for the Study**

The teen pregnancy prevention program was not as effective as the High Risk Perinatal research committee at Regional Health Care Systems and government officials wanted it to be. The goal of the committee has been to try and find out how it could better spend its money in the implementation of the program. In order to do this, it has been necessary for the committee to figure out what are the perceptions of the teen mothers postpartum regarding the resources that were available before pregnancy and the resources available to the mother after pregnancy. For the purposes of my research I added three questions to a current survey tool. It is important to note that the committee was given permission by Burnis D. Breland, chairman of the Institutional Review Committee (an ethics committee) at Columbus Regional Healthcare System, to proceed with the study. It is also important to note the survey was conducted both at Regional Healthcare Systems and at Doctors Hospital. Copies of all documents regarding contracts, between myself and Regional Healthcare System, and Ethical Review Committee’s letter, were provided in the appendices section of the thesis for the Thesis Review Committee’s consideration.



The Research Committee at Regional Healthcare System consists of Dr. Stauffer, Susan Vang, Babs McKnight, Nidhi Shaw, Pat Hicks, and myself. My role in the committee has been to advise the committee on research methods, recommend the research tool, enter the data from the surveys, analyze the results, etc. For the purpose of this project there was a student-volunteer contract with Regional Healthcare Systems that outlines job duties, basic patient confidentiality, and what Regional Healthcare system agreed to provide to me to aid my endeavor. A copy of this contract was provided in the appendices for the Thesis Review Committee's consideration. Regional Healthcare Systems provided me with an office on the fourth floor that is furnished with a desk, chair, table, phone, computer, printer, SPSS data analysis program, and copy machine. They also provided a paid certified registered nurse, who had a long work history working with obstetrics, teen mothers, non-profit agencies, as a volunteer (Girls Incorporated). Her role was to interview the girls postpartum and to assist Dr. Stauffer and myself. I provided paper for the copying machine if I needed to use it for the literature and other forms of documentation that needed to be presented to the thesis committee. The projected cost for myself was amount to 500 hours working on the project and less than 300 dollars for supplies. Regional Healthcare System paid approximately \$2,000 for the SPSS system and salaries for one physician, four RNs and two LPNs.

Dr. Stauffer instructed Betty (Skitch) Danielson, and measured the level of satisfaction with how the questions were asked when she interviews the girls. I also had input ability in this area and the ability to interview Ms. Danielson regarding research methods, her perceptions of the teen mothers and any other areas regarding the project. It



needs to be noted that my presence during the interviews could have possibly skewed the results of the data for many reasons. Ms. Danielson has been better interviewer than myself because of communication differences with teen mothers, since the girls would not be able to relate to me or feel comfortable in confiding in me. It is also important to note that my views in analyzing the data could have biased by interviewing the teen mothers. The cultural, economic and educational differences were pointed out to me and I am sure that effective communication and a rapport could not be established between the teen mothers and myself. I am also confident that Ms. Danielson has not lead the question, be biased, or write down responses that the teen mothers did not state verbatim. I believe that Dr. Stauffer will has been better to monitor the way in which questions were asked by Ms. Danielson, because he had already established a rapport with the teen mothers and the girls are familiar to sympathetic doctors who casually wonder through the clinic area. I would have been too obvious and would have caused both suspicion and distrust.

Patient names and any other form of identity have not been allowed on the surveys. There will not be follow-up efforts regarding the teen mothers after the survey was conducted in regards to the survey. When the surveys come in Susan Vang will number them in chronological order, write date of entry on the survey, and input the data in the computer. I double and triple checked the data entry of the surveys to insure accuracy. I then copied a disk of the data and printed out a spreadsheet. Even though this project will be conducted over a ten-year period and benchmarked every year, I have, for my thesis efforts, use the survey results compiled until the beginning of March 2002





and then wrote my thesis. It was my hope to have eighty to one hundred surveys completed by that time enabling me to formulate the majority of the actual thesis paper.

For the purpose of analyzing the data obtained by the survey, simple descriptive statistics and primary data were be used. Because the goal of this survey was to simply understand the attitudes and simple resources of adolescent females, the statistics were simply be used to give a basic description of the data set. Due to the simplicity of the questionnaire and the small sample size involved, it is important to note that there was not be an attempt to show correlation or causation between any of the questions on the survey. The purpose of the simple, descriptive statistics is to show a small and brief picture of attitudes and resources available to adolescent females. It is also important to note that the Medical Center and Doctors Hospital treat adolescent females outside of Muscogee County and that the adolescent females come from a range of suburban to rural backgrounds. It is also important to note that the girls interviewed in this study are categorized as being adolescent if they are between 11 and 18 years old. This is indirect contrast to other studies including those in the literature review that include adolescent females that are between 12-13 from the younger ages to 19 for the oldest age. It is also important to note that different generations and social classes have identified or defined the marking point of adolescents and adulthood at different ranges in age and responsibility.

### **Research Method**

In this research project, primary data was used through an interviewer conducting a census using a questionnaire. The questionnaire was conducted by a interviewer, because of the illiteracy rate of those that needed to be surveyed. Another reason for using an



interviewer was because there might have been terms that those being studied might not have understood. It was also important for the study to have as many questions answered as possible by as many of those the committee wished to study.

The questionnaire was designed to use fixed alternative questions. It was important for the questions to not have more than one possible answer for any given possible response. The fixed alternative questions also made it easy for the interviewer to ask the questions and mark the adolescent females responses quickly and as accurately as possible. This type of questions also allowed for the hypotheses to be proven or disproven with the answer to a corresponding question.

### **Sampling**

The research in this project was gathered through the use of a census. The major advantage of this method is that all of the adolescent females that came to Doctors hospital or to Columbus Regional hospital were interviewed using the same questionnaire and by the same interviewer. The census was conducted over eight months at both Doctors hospital and at Columbus Regional hospital in Muscogee County, Georgia. As more interviews are gathered then the sample size of the census will grow and give a broader picture of adolescent pregnancy in Muscogee County.

### **Data Collection**

The data was collected by a census using an interviewer to administer the questionnaire items. The questionnaires were given regardless of the day of the week or the time of day. The data was collected over an eight-month period of time to get as many completed questionnaires before the results need to be analyzed for the purpose of this thesis. The only difficulty in administering the questionnaire was when one



adolescent female stated that she did not have anyone in her life when she was ten years old. This fact was noted in the margin of the questionnaire to indicate a different response other than the ones that were an option to answer.

### **Tabulation and Analysis**

As the questionnaires were being completed the interviewer numbered the questionnaire in the top right hand corner to indicate total chronological order and also dated the questionnaire. Susan Vang typed the data into spreadsheet format using the SPSS system. The data was double and then triple checked the data entry after all 53 surveys after eight months, were put into the SPSS system. The data was then saved this spreadsheet on a disk under an EXCEL program. The transfer of data into EXCEL format was then checked for errors in comparing it with the actual surveys. Question number five and six were not answered by one adolescent female that stated that she did not have anyone in her life when she was ten years old.

All of these six questions were fixed alternative only. The results were coded and added up five times on a spreadsheet. The results were then tallied onto an Annotated Questionnaire.

For the purpose, size and questions asked on this census no intricate statistical calculations were needed. The variables in the questionnaire were discrete. Most of the results can only be described using raw numbers and percentages.



### **Annotated Questionnaire**

N= 53

Please note that one person did not answer question number 5 and the same person did not answer question number 6. The adolescent female stated that the question was to personal, but did answer all other questions. Please note that on question 5 and question 6, N= 52.

1) Do you have a car?

H1	1. Yes	2. No
	15 responses	38 responses
	28%	72%

2) Do you use public transportation (example: Bus)?

H2	1. Yes	2. No
	11 responses	42 responses
	21%	79%

3) Do you depend on your family/friends for transportation?

H3	1. Yes	2. No
	41 responses	12 responses





77% 23%

4) Do you walk to most of the places that you want to go?

H4	1. Yes	2. No
	8 responses	45 responses
	15%	85%

5) Who was the most important person in your life when you were 10 years old?

52 responses	100%	H5	1. Family member
0 responses	0%	H6	2. Teacher
0 responses	0%	H7	3. Church member
0 responses	0%	H8	4. Volunteer at a club
0 responses	0%	H9	5. Neighbor

6) The most important person in my life when I was ten years old was...

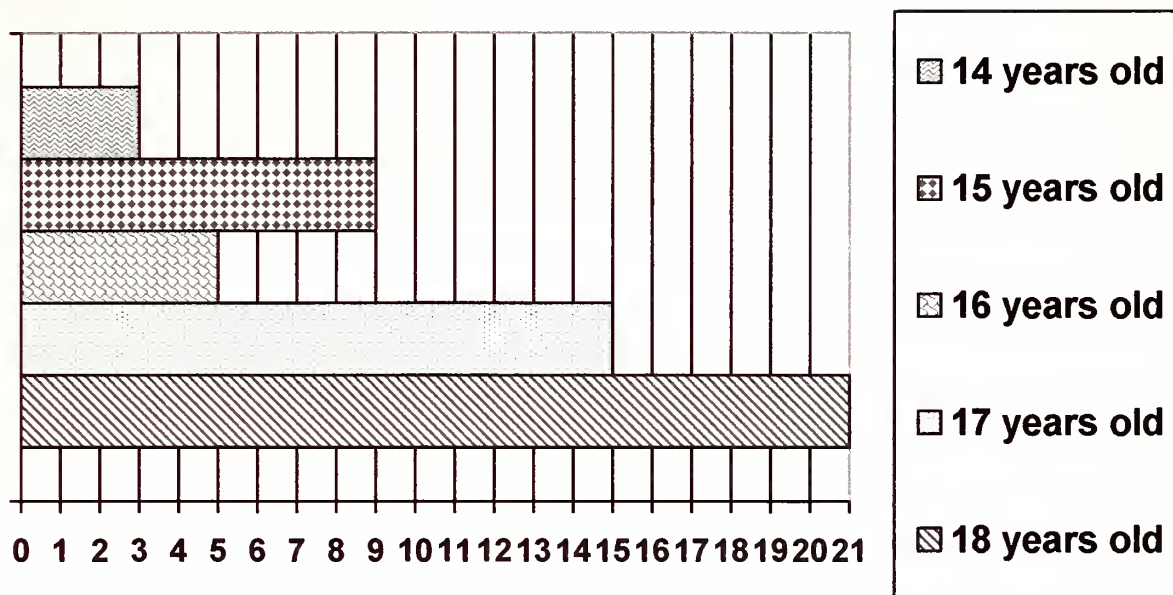
H10	1. Female	2. Male
	41 responses	11 responses
	79%	21%



### Composition of the Sample

N=53

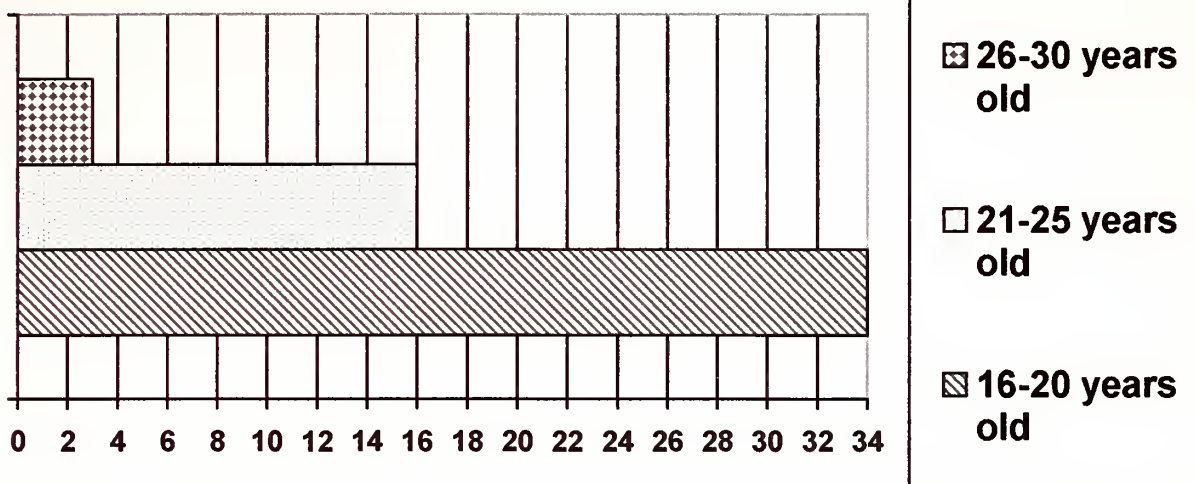
How old are you? (ages of the adolescent females sampled)



The ages that were available for the adolescent females to pick from in the interview were 11, 12, 13, 14, 15, 16, 17, and 18 years old. None of the adolescent females that were interviewed stated that they were of 11, 12, or 13 years of age. Three adolescent females responded that they were 14 years of age, nine responded 15 years old, five responded 16 years old, fifteen responded 17 years old, and twenty-one responded 18 years old.

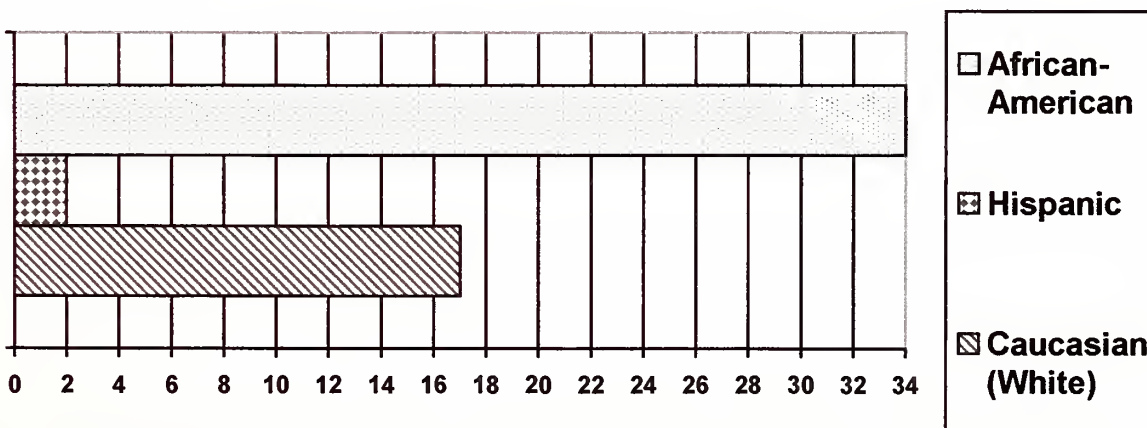


How old is the father of your baby?



The ages of the fathers of the baby that the adolescent female were as follows: 10-15, 16-20, 21-25, 26-30, 31-35, 36-40, 40+ years old. None of the adolescent females stated that the father of their baby were in the age ranges: 10-15 years old, 31-35 years old, 36-40 years old, or 40+ years old. Thirty-four adolescent females stated that the father of their baby was between 16 and 20 years old. Sixteen adolescent females stated that the father of their baby was between 21 and 25 years old. Three adolescent females stated that the father of their baby was between 26 and 30 years old.

What is your race?

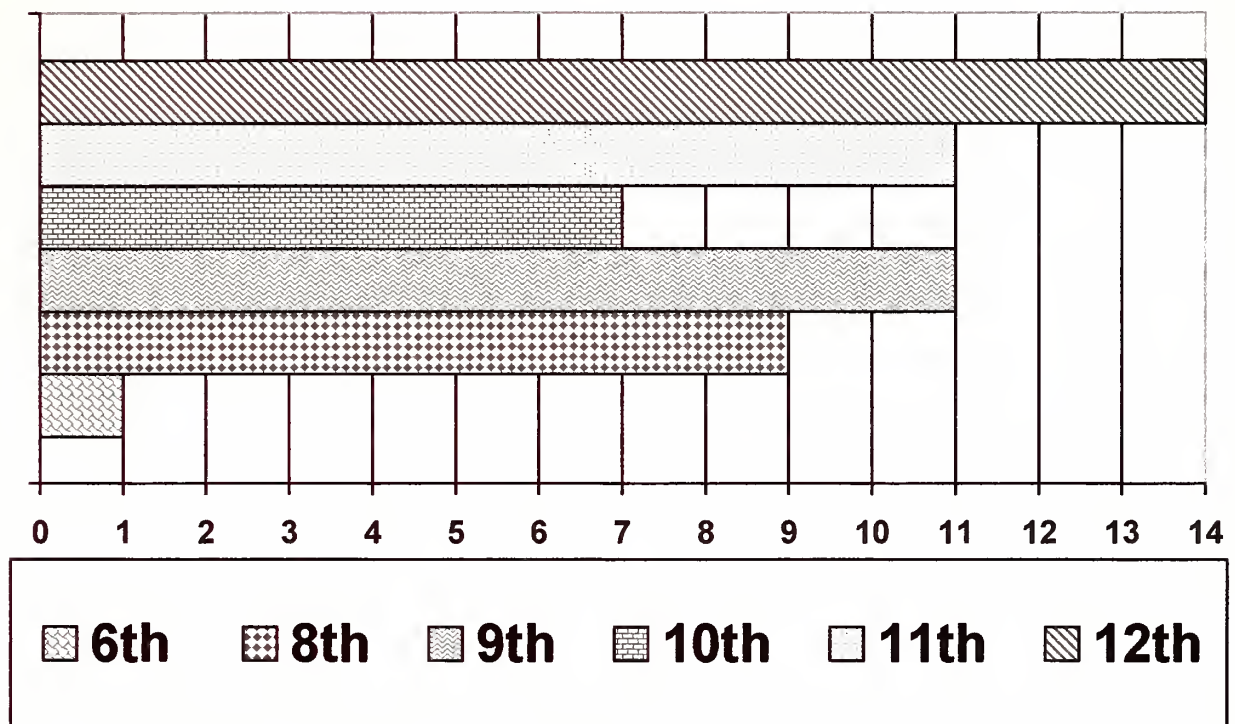


The adolescent females interviewed had the options of African-American (Black),



Asian, Hispanic, White and other as options to choose from in identifying their race when being interviewed. None of the adolescent females that were interviewed identified themselves as being Asian or Other. Thirty-four of the adolescent females identified themselves as being African-American. Two adolescent females identified themselves as being Hispanic, and seventeen identified themselves as being white.

What grade in school have you completed?



The adolescent females that were interviewed had the options of answering this question by stating that they had finished grade: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, or 12. There were zero responses to grades: 1, 2, 3, 4, 5, and 7. One adolescent answered having finished grade 6, nine answered grade 8, eleven answered grade 9, seven answered grade 10, eleven answered grade 11, and fourteen answered having finished grade 12.

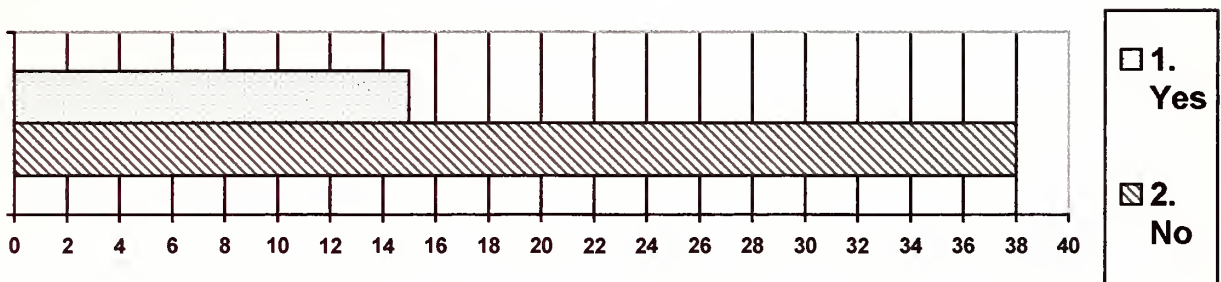




### Findings Keyed to Each Hypothesis and Linkage

#### Graph A

1) Do you have a car?

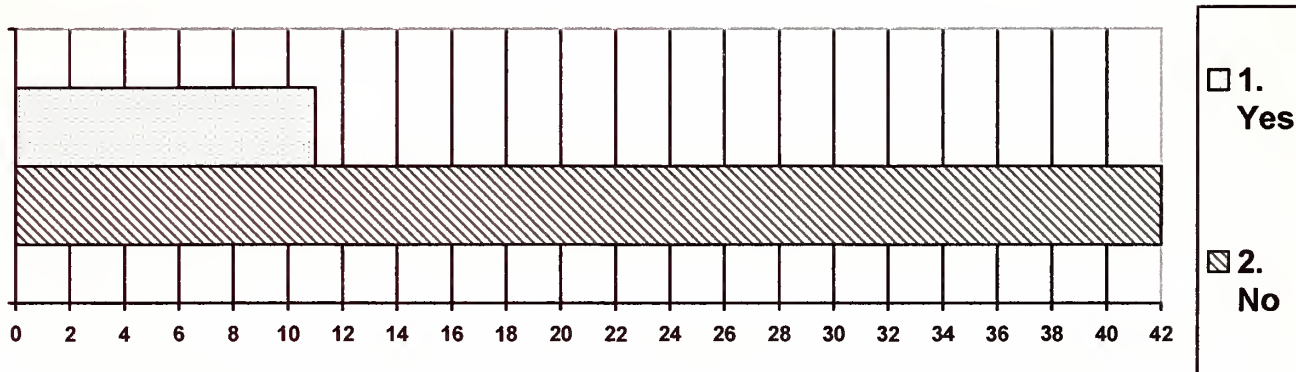


With  $N = 53$ , 38 adolescent females that were surveyed responded no to question number one. Fifteen adolescent females that were surveyed, responded yes to question number one. The specific phrase “have a car” was not well defined enough to determine ownership, but only to give one the impression that those adolescents that answered yes meant that they “have” a car that they drive themselves on a regular basis. The term “have” should not be read by the viewer as in “I paid for, I am leasing, or someone bought for me” a car. The term “have” is extremely ambiguous and only denotes that the girls drive themselves in a particular car on a regular basis. It does, however, denote that the girls that responded yes consider that they consider the car to be their property, which is a type of ownership. With seventy-two percent of the girls surveyed responding no, and fifteen of the girls surveyed responding yes, the data fails to support hypothesis number one.



### Graph B

2) Do you use public transportation (example: Bus)?



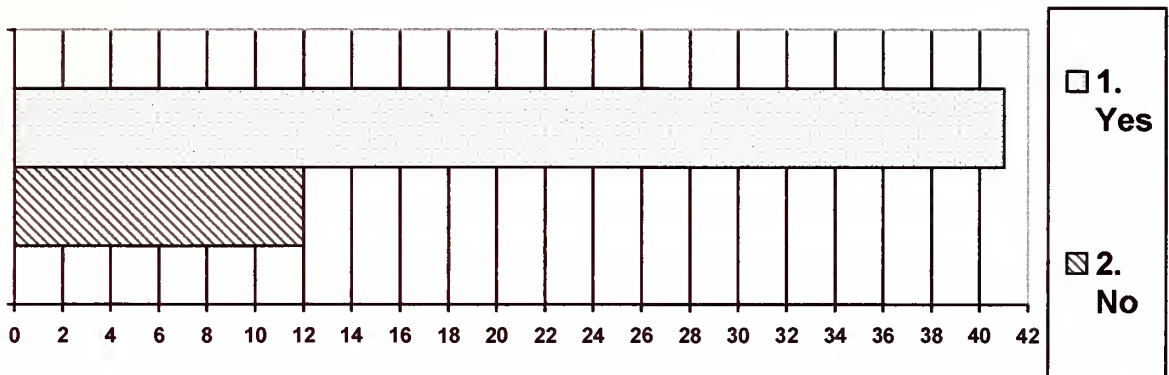
It is important to note that 42 adolescent females did not use public transportation, while only 11 girls used public transportation. This means that the second hypothesis was proven to be false, indicating that adolescent females do not use public transportation. This is important because public transportation is expensive and even difficult to manage. There is a possibility that this might be because, metropolitan areas where the majority of the population utilizes public transportation. Another reason might be because cultural differences toward public transportation in large metropolitan, areas in which receive a diverse cross-section of the population, might also account for the local averages observed in this survey. Another reason why the local area surveyed does not use public transportation is the availability of the public transportation itself. Public transportation in the area surveyed does cover the main roads and places that experience a high volume of traffic (ex: malls, airport, schools, hospitals, large factories). However, public transportation is not available on all streets in the residential sections of town.



This is especially true of the outskirts of town that tend to be extremely rural and can even be in farming communities. Contrast the rural image with that of a large city that has streets in a form of a grid and the busses and other means of public transportation go up and down each street on a specific route every day.

### Graph C

3) Do you depend on your family/friends for transportation?

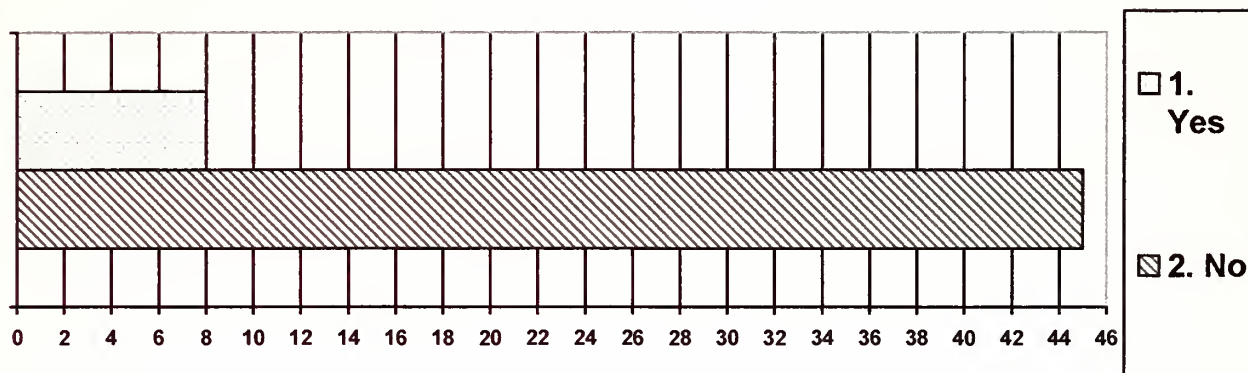


It is important to note that forty-one responded to depending on their family/friends for transportation, while only twelve responded to not depending on family/friends for transportation. This means that 77 percent of the adolescent females depend on family/friends for transportation, while 23 percent do not depend on family/friends for transportation. These numbers mean that the data collected supports hypothesis number three. These numbers reflect a specific method of transportation in the context of a suburban/rural area.



### Graph D

4) Do you walk to most of the places that you want to go?



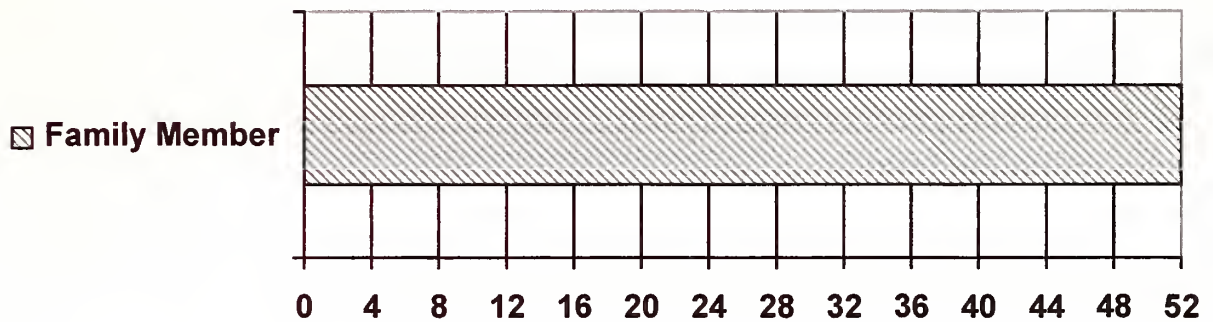
Forty-five of those surveyed stated that they did not walk to most of the places that they want to go. Eight of those surveyed stated that they did walk to most of the places where they wanted to go. The data collected does not support hypothesis number four. In a suburban/rural area, walking is not as practical as it would be in a true metropolitan city. However, these numbers do raise the questions of how often do adolescent females really walk at all; how far would they walk, and under what circumstances would they walk. The results are ambiguous on these questions, however it does imply that the clear majority of those surveyed simply do not walk long or moderate distances. The results also imply that the adolescent females do rely heavily on friends/family members to provide all transportation. The first objective of this study was obtained by giving the researcher a better understanding of pregnant adolescents' current transportation resources and usages.





### Graph E

5) Who was the most important person in you life when you were 10 years old?

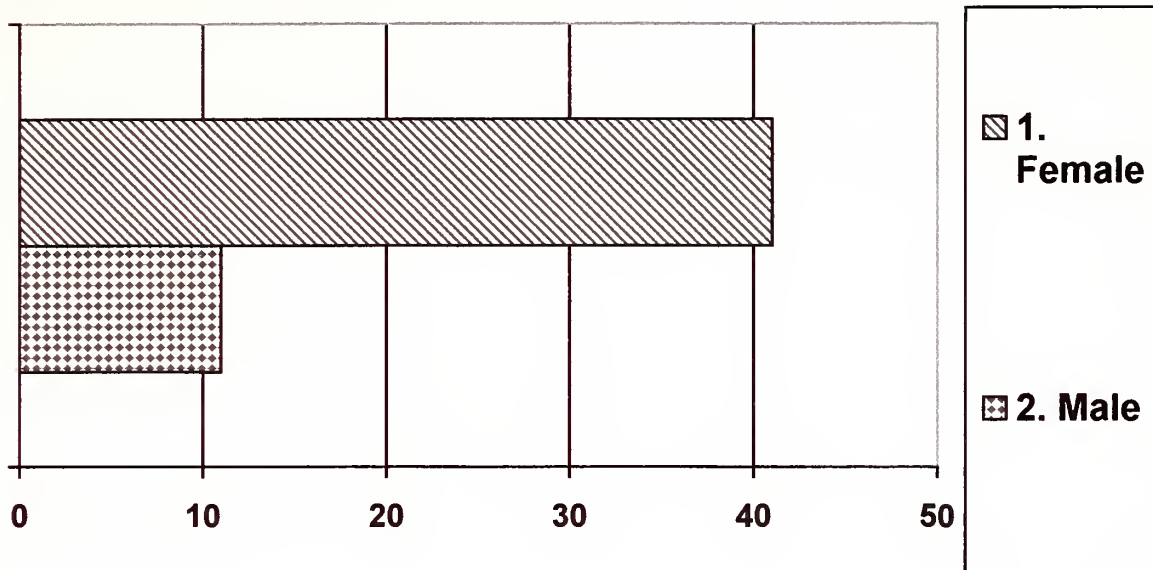


One adolescent female did indicate that she did not have a person in her life at all when she was ten years old and did not answer the question. It is important for the reader to note that  $N=52$  on this question. However, one hundred percent of fifty-two adolescent females that did answer the question stated that the most important person in their life when they were ten years old was a family member. Not one of the girls that were surveyed indicated any other answer. This clearly shows that the data fails to support hypothesis number six, seven, eight and nine. The data collected supports the hypothesis number five. While the results for hypothesis number five are astounding the small sample size might explain the results to a certain extent. The second objective of this study was obtained by helping the researcher to better understand the category of relationship the pregnant adolescent had with the most important person to them when they were ten years old.



Graph F

6) The most important person in my life when I was ten years old was...



The purpose of this question is to shed some light and understanding on the gender of the person who was the most important person in the adolescent females lives at age ten. The age of ten is significant because it is the time in the adolescent females life when they will shift into adolescent status within the next four years. This snapshot in time shows who had the major influence and the majority of the responsibility for the adolescent females life. The data collected shows that forty-one adolescent females responded that the most important person in their life when they were ten years old was of female gender. The data collected also shows that 11 adolescent females responded the gender of the most important person in their life to be male. That means that split of gender of who was the most important in the adolescent female's lives at ten is 79 percent female and 21 percent male. It does seem reasonable considering that it is more common for females to be the primary and only caregiver for adolescent females, which might



explain these results. It is important to note that this question does not discuss who was the primary caregiver, it only asked who was more important in terms of gender. The term “most important” is very specific by making important and extreme value. In the previous question, all of the adolescent females that did answer, had the same answer. They stated that the most important person in their life was a family member. It is reasonable to assume that this family member was either male or female, and that it might be connected to the responses to question six relating to gender. It is important to restate that for this particular question N=52. The one adolescent female that did not answer this question stated that she did not have anyone in her life when she was ten years old. The third objective of this study was obtained by helping the researcher to determine the most important person in the female adolescent’s lives when they were ten years old, was either male or female.

## **CONCLUSIONS**

The research indicates that the majority of the adolescent females answered in a distinct pattern that describes Muscogee County.

1. The seventy-seven percent of adolescent females depend on a friend/family member for transportation.
2. Seventy-two percent of the adolescent females surveyed do not own a car.
3. Seventy-nine percent do not use public transportation.

When examining this data it is important to take into consideration that Muscogee County is not really a city but a sprawling suburban area that has high concentrations of rural areas. It is also important to note, that Muscogee County (Columbus) is considered



to be the second largest in the state of Georgia when considering landmass, but not when considering population.

Columbus also has limited number of employment opportunities due to many textile factories closing. The majority of the minimum wage jobs require a GED or a high school diploma as a minimum standard for employment. Residents of Muscogee County do have access to adult education options of obtaining a GED from Tilinghurst, and a post-secondary education from both Columbus Technical College and Columbus State University.

4. The research found that 100 percent of adolescent females (N=52) answered that the most important person in their lives when they were ten years old was a family member.
5. The research found that 79 percent of the adolescent females (N=52) stated that this most important person when they were ten was a female.

### **Recommendations**

1. It is recommended that already established charities such as Girls Inc., Boys Inc., Big Brothers, Big sisters and other after school programs hold competitions in high risk neighborhoods that require participants to work as a family unit in basic family budgeting, and flour sack babies with schedule feeding and families working out their schedules to take care of the pretend flour sack baby. A prize could be offered to the best family unit that has the most creative and realistic solutions to potential dilemmas in both family budgeting and taking care of the pretend flour sack baby. Also the top ten family units could present publicly their project and their solutions. Not only would this type of





competition get family units to thinking and planning for the future but it would give them skills need to conduct everyday family life. This type of competition that is inclusive of adolescents and their family unit occurs all of the time in the middle and upper class neighborhoods and schools in all areas from budgeting, stock market management, asset allocation, buying a house to environmental awareness.

The data suggests that these adolescent females did have supervision and guidance from a family member that was female when they were ten years old. The one adolescent female that did not answer these two questions stated to the interviewer who she did not have anyone in her life when she was ten years old. For all of the other adolescent females who answered these two questions, the data suggests that these girls received guidance, transportation, as well as room and board from the female relatives that they had. The data suggests that not only do these adolescent females need further personal and academic education but their network of female relatives also needs to receive further personal and academic education as well. If the female relatives of the adolescent females have not had a great enough influence upon these girls to prevent the pregnancy, one has to wonder with these numbers what type of influence did occur (Sawhill, 1). It leaves one with the questions such as, were the adolescents unsupervised with the female relatives were at work, and even questioning if this is because certain types of behavior without consequences are ingrained into their culture. It is strongly recommended that this survey be continued over two years to help determine if the results in this study are accurate. It is also strongly recommended that education of entire families be considered instead of merely educating children in school (Sawhill, 3). The literature review strongly states that other cities that have had neighborhood education



campaigns that got the families involved had higher success than simply education in schools (NCPTP, 1).

Probably the most easy and inexpensive way to have a public campaign to teach entire family units life skills to prevent teen pregnancy is to involve already existing charities such as Girls and Boys Incorporated, after school programs and Big Brother/Big Sister groups. These groups could have contests similar as to the ones in schools such as a pretend budgeting contest or a “flour sack baby” contest. With a prize as a possibility as one motivator and a connection with neighbors and relatives to figure out the most innovative way to win the prize some life skills and self-actualization might take place. With defined rules and actual family involvement the adults and children might begin to envision the future and see long-term consequences for decisions. A solution is to try to encourage others with the knowledge that individuals are capable of controlling their destiny. The only questions remaining are what destiny does an individual wish to obtain and how will the individual obtain it. While many people know that they are not where they want to be, it is possible to communicate how they can get where they want to go.

2. The second recommendation is to have public charities such as Boys Inc., Girls Inc., Boys and Girls Club, Big Brothers and Big Sisters to make public service announcements when federal and state funding will be cut that provides services, and monetary support for pregnant adolescent females and adolescent females with children of when and how changes occur. It is also important for these institutions to discuss with the adolescent females and their families how these changes will affect their lives and how to make alternative plans for the future.



## **Limitations**

The major limitation with this research project is the size of the population studied. With only 53 respondents, and only 52 respondents for the last two questions, it did give a descriptive picture of the adolescent pregnancy resources in Columbus.

Another major limitation is that the survey was administered over only eight months and not over a longer period of time. It would be advisable for this survey to be continued for two years to see if this data is only part of a trend or if it truly is representative of the Muscogee County area. The greater the N size of the census the more strength will be found in the findings of the census. Over a larger period of time the larger N will be. Two years should be sufficient time for the committee to get a large enough census size to see if there are any trends that stand out or if this data is a reliable representation of adolescent pregnancy in Muscogee County.



## Appendices

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## Appendix A

### Approval of the Institutional Review Committee





May 18, 2001

Robert Stauffer, M.D.  
 Department of Obstetrics and Gynecology  
 The Medical Center  
 710 Center Street  
 Columbus, Georgia 31902

Dear Dr. Stauffer,

RE: "Adolescent Pregnancy Additudinal Survey"

On May 9, 2001, the Institutional Review Committee reviewed your request for approval of the above referenced protocol. Following review of the protocol, the Committee granted approval of the research. The project is exempt from a written informed consent requirement, however a verbal consent must be obtained. The Committee determined that the informed consent form, which you submitted to the Committee, should be read to the subject prior to the completion of the survey.

This approval is for up to one year and should this research need to extend beyond one year, this study would need to be re-approved by this Committee. Requests to approve studies for continuation should be submitted in writing and along with an interim progress report at least 30 days prior to the one year anniversary date from last IRB approval. The progress report should include the number of subjects enrolled and any new information regarding the study, if applicable.

Should there be any changes to the study protocol, proposed revisions must be approved by this Committee prior to implementation. Requests to approve revisions should be submitted in writing.

This Committee should also be notified immediately should there be any problem associated with the conducting of the study.

If you have any questions or if this Committee can be of any assistance, do not hesitate to call.

Sincerely,

A handwritten signature in cursive script that reads 'Burnis D. Breland'.

Burnis D. Breland, MS, Pharm.D., FASHP  
 Chairman, Institutional Review Committee





## Appendix B

### Letter to Doctors Hospital





May 28, 2001

Renee Gridley  
Doctors Hospital  
616 19<sup>th</sup> Street  
Columbus, Georgia 31902

Dear Ms. Gridley,

Thank you for your interest in the "*Adolescent Pregnancy Attitudinal Survey*" that we will pilot starting June 4, 2001. The goal of this survey is to identify the core beliefs and values surrounding teenage mothers in Muscogee County in an effort to more effectively target teen pregnancy prevention strategies. Teen mothers that deliver in Muscogee County hospitals will be surveyed utilizing a standardized survey collection tool and a survey interviewer. The data obtained from the survey will be entered into SPSS data analysis software where it will be stored until data collection is complete. At the completion of the data collection, information will be analyzed for action plan development.

Enclosed please find copies of the survey tool, the consent form, and the approval letter from the Institutional Review Committee. Please do not hesitate to notify me if you have any further questions. Thank you again for your consideration of this research.

Sincerely,

A handwritten signature in cursive script that reads 'Susan Vang'.

Susan Vang, RNC, MSN  
Regional Perinatal Outreach Coordinator

enclosures







## Appendix C

### Adolescent Pregnancy Attitudinal Survey Schedule



### Adolescent Pregnancy Attitudinal Survey

**Sponsoring Department:**

High Risk Perinatal Program, The Medical Center

**Goal:**

To identify the core beliefs and values surrounding teenage mothers in Muscogee County, in order to more effectively target prevention strategies.

**Objectives:**

Obtain a completed teenage attitudinal survey from 280 consecutive teen age women delivering in Muscogee County from July, 2001-June, 2002.

Analyze the results of the survey in order to quantify beliefs and opinions about teen pregnancy and recurrent teen pregnancy in Muscogee County.

Identify program strategies to target teenager's beliefs and opinions.

**Methodology:**

Survey teens delivering at The Medical Center and Doctor's Hospital utilizing a standardized survey collection tool and interviewer. Data obtained will be entered into SPSS data analysis software where it will be stored until collection is complete. At the completion of the data collection, information will be analyzed and results presented to the Perinatal Staff and Administration for discussion and action plan development.

**Survey Timeline:**

Nov., 2000- March, 2001	Identify/Develop survey instrument
April, 2001- May, 2001	Obtain approval by Institutional Review Board (Dr. Stauffer)
	Obtain approval by Doctor's Hospital (Dr. Stauffer)
	Pilot survey instrument on 20% of sample group (56) at The Medical Center
June, 2001	Adjust instrument; re-educate surveyor
July 2001 – June, 2002	Collect survey results through surveyor provided by the Columbus Health Department's Perinatal Case Management Department
July, 2002- Sept. 2002	Analyze results by Health and Population Studies Coordinator
Oct., 2002	Present results; develop intervention strategies



## Appendix D

### Institutional and Facility Education Training Program Agreement



**INSTITUTION AND FACILITY EDUCATIONAL  
TRAINING PROGRAM AGREEMENT**

This is an agreement on the part of Columbus Regional Healthcare System, Inc. (hereinafter referred to as the "Facility") and the Board of Regents of the University System of Georgia on behalf of Columbus State University (hereinafter referred to as the "Institution").

WHEREAS, the Institution desires to obtain and the Facility desires to provide high quality learning experiences for the Institution's students, while at the same time enhancing the resources available to the Facility for the providing of care to its clients and patients, through the operation of an educational training program (hereinafter referred to as the "Program").

NOW THEREFORE, in consideration of the mutual covenants and promises contained herein, the parties agree as follows:

1. The Institution shall provide to the Facility information concerning the number of students, department/university, course of instruction, and dates of participation. Student names shall be provided prior to the student's participation at the Facility. The Institution shall provide the number of faculty participants and the faculty, department/university prior to the commencement of the Program. However, nothing in this agreement shall be construed to affect the Facility's ability to decline the acceptance of student or faculty.
2. Upon receipt of the above information identified above in paragraph 1., the Facility shall designate the classroom or conference space, facility personnel, and other facilities or equipment appropriate for the Program and agrees to inform the Institution of same. The Facility agrees to use its best efforts to provide additional facilities, equipment and personnel as reasonably requested by the Institution. The availability of additional facilities, equipment and personnel will be subject to availability, prior requests for those resources, and the Facility's obligations regarding operation of the Facility.
3. If preceptors are used as an integral part of the Program, evaluation(s) by the Preceptor (s) will contribute to the certification of participating student's competency.





4. The institution students and faculty members have agreed to the following conditions:
  - Student participating in the Masters in Public Administration shall abide by the confidentiality policy of Columbus Regional.
  - Student participating in the Masters in Public Administration shall serve on the Adolescent Pregnancy Survey Committee
  - Student participating in the Masters in Public Administration shall provide statistical analysis of data collected; utilizing SPSS software
  - Student participating in the Masters in Public Administration shall provide recommendations to the Survey Committee based on results of data analysis
  - Student will be supervised by faculty member
5. The Facility has agreed to the following conditions
  - Allow student to construct and place three questions on the survey instrument
  - Provide space and software to analyze data, access to copier for project and literature related to the survey topic
6. The following individuals will respectively serve as contact person for the Institution and the Facility:
  - (a) Institution Contact Person Name: Dr. Bill Chappell
 

Address: Columbus State University  
4225 University Avenue  
Columbus, GA 31907-5645  
Telephone Number: (706)  
Fax Number: (706)
  - (b) Facility Contact Person Name: Barbara McKnight  
Director, Community Healthcare Network
 


Address: Columbus Regional  
707 Center Street  
Columbus, GA 31902-0951  
Telephone Number: (706) 660-6203  
Fax Number: (706) 660-6511

In the event that an Institution or Facility contact person changes, the Institution or the Facility, as appropriate, hereby agrees to promptly notify the other party of such change.



7. It is understood and agreed that all terms and conditions forming a part of the Memorandum of Understanding by and between the Georgia Hospital Association and the Board of Regents of the University System of Georgia dated January 30, 1996 are hereby incorporated by reference and shall remain in full force and effect during the period of this Memorandum of Understanding.
8. Unless sooner canceled as provided herein, the term of this agreement shall be for a period of two (2) years, commencing on June 1, 2001 and ending on May 31, 2003. This agreement may be renewed or amended at any time by mutual written consent of the parties. It may also be canceled at any time by either party upon not less than ninety (90) days written notice in advance of the next educational training program.

COLUMBUS STATE UNIVERSITY

  
Signature

Name: Frank D. Brown  
Title: President

COLUMBUS REGIONAL HEALTHCARE SYSTEM, INC.

\_\_\_\_\_  
Signature

Name: Larry Sanders, FACHE  
Title: Chairman and Chief Executive Officer

Date: \_\_\_\_\_



## Appendix D

My Questions on the Survey Tool that correspond to the  
Objectives and Hypotheses



1. Do you have a car?
  1. Yes
  2. No
2. Do you use public transportation (example: Bus)?
  1. Yes
  2. No
3. Do you depend on your family/friends for transportation?
  1. Yes
  2. No
4. Do you walk to most of the places that you want to go?
  1. Yes
  2. No
5. Who was the most important person in your life when you were 10 years old?
  1. Family member
  2. Teacher
  3. Church member
  4. Volunteer at a club
  5. Neighbor
6. The most important person in my life when you were 10 years old was...
  1. Female
  2. Male





Appendix E

Complete Survey Tool



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**Adolescent Pregnancy  
Survey**

1. How old are you?
  - (1) 11 yrs.
  - (2) 12 yrs.
  - (3) 13 yrs.
  - (4) 14 yrs.
  - (5) 15 yrs.
  - (6) 16 yrs.
  - (7) 17 yrs.
  - (8) 18 yrs.
  
2. How old is the father of your baby?
  - (1) 10-15 yrs.
  - (2) 16-20 yrs.
  - (3) 21-25 yrs.
  - (4) 26-30 yrs.
  - (5) 31-35 yrs.
  - (6) 36-40 yrs.
  - (7) 41 – over yrs.
  
3. How old is your mother?
  - (1) 20-25 yrs.
  - (2) 26-30 yrs.
  - (3) 31-35 yrs.
  - (4) 36-40 yrs.
  - (5) 41-45 yrs.
  - (6) 46-50 yrs.
  - (7) 51-55 yrs.
  
4. How old is your father?
  - (1) 20-25 yrs.
  - (2) 26-30 yrs.
  - (3) 31-35 yrs.
  - (4) 36-40 yrs.
  - (5) 41-45 yrs.
  - (6) 46-50 yrs.
  - (7) 51-55 yrs.
  
5. How many brothers and sisters do you have?

(1) None	(6) Five
(2) One	(7) Six
(3) Two	(8) Seven or more
(4) Three	
(5) Four	



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6. Relative to birth order, what is your placement in your family?

(Example #1: I am the oldest of three children.

Example #2: I am the fifth child.).

- (1) Only child
- (2) 1<sup>st</sup> child (oldest)
- (3) 2<sup>nd</sup> child
- (4) 3<sup>rd</sup> child
- (5) 4<sup>th</sup> child
- (6) 5<sup>th</sup> child
- (7) 6<sup>th</sup> child
- (8) 7<sup>th</sup> child

7. What is your race?

- (1). African-American (Black)
- (2) Asian
- (3) Hispanic
- (4) Caucasian (White)
- (5) Other: \_\_\_\_\_

8. What grade in school have you completed?

- |                           |                             |
|---------------------------|-----------------------------|
| (1) 1 <sup>st</sup> grade | (7) 7 <sup>th</sup> grade   |
| (2) 2 <sup>nd</sup> grade | (8) 8 <sup>th</sup> grade   |
| (3) 3 <sup>rd</sup> grade | (9) 9 <sup>th</sup> grade   |
| (4) 4 <sup>th</sup> grade | (10) 10 <sup>th</sup> grade |
| (5) 5 <sup>th</sup> grade | (11) 11 <sup>th</sup> grade |
| (6) 6 <sup>th</sup> grade | (12) 12 <sup>th</sup> grade |

9. Are you currently attending school every day?

- (1) Yes
- (2) No

10. Are you returning to school?

- (1) Yes
- (2) No

11. As a source of income, do you receive money from a job or business?

- (1) Yes
- (2) No

12. Do you receive aid such as TANF, AFDC, WIC, Food Stamps, or SSI?

- (1) Yes
- (2) No

13. Do you receive unemployment benefits?

- (1) Yes
- (2) No

14. Are you currently receiving money from workers compensation, veterans benefits, or pension?

- (1) Yes
- (2) No



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15. Do you receive monetary support from family members/ friends?  
(1) Yes (2) No
16. Do you plan to use medicaid to pay for your baby's healthcare?  
(1) Yes (2) No
17. Do you have health insurance other than medicaid to pay for your baby's healthcare?  
(1) Yes (2) No
18. To purchase items such as diapers for your baby, are you planning to use income received from job or business?  
(1) Yes (2) No
19. To purchase items such as diapers for your baby, will you be using money received from Court-appointed child support from the baby's father?  
(1) Yes (2) No
20. Will you be using financial support received from family/friends to purchase items such as diapers for your baby?  
(1) Yes (2) No
21. How much did your baby weigh?            Lbs.            Oz.  
(1) 454-906 grams  
(2) 907-1360 grams  
(3) 1361-1813 grams  
(4) 1814-2267 grams  
(5) 2268-2721 grams  
(6) 2722-3174 grams  
(7) 3175-3628 grams  
(8) 3629-4081 grams  
(9) 4082-4535 grams  
(10) 4536-4961 grams
22. When was your due date? (\*for gestational aging)  
(1) 20-25 weeks  
(2) 26-31 weeks  
(3) 32-36 weeks  
(4) 37-41 weeks
23. Is this the first time you have been pregnant?  
(1) Yes (2) No
24. Many women have experienced miscarriages; have you ever had a miscarriage?  
(1) Yes (2) No





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25. If you have had a miscarriage, what age were you?
- (1) 11 yrs.
  - (2) 12 yrs.
  - (3) 13 yrs.
  - (4) 14 yrs.
  - (5) 15 yrs.
  - (6) 16 yrs.
  - (7) 17 yrs.
  - (8) N/A
26. Many women have had abortions; have you ever had an abortion?
- (1) Yes
  - (2) No
27. How many abortions have you had?
- (1) One
  - (2) Two
  - (3) Three
  - (4) Four
  - (5) Five or more
  - (6) None
28. Have any of your babies died after they were born?
- (1) Yes
  - (2) No
  - (3) N/A
29. Are you..... (Choose only one)
- (1) Married
  - (2) Divorced
  - (3) Widowed
  - (4) Separated
  - (5) Engaged
  - (6) Single
30. Are you currently living in the house with your parent(s)?
- (1) Yes
  - (2) No
31. Are you currently living in the house with your brothers and/or sisters?
- (1) Yes
  - (2) No
32. Are you currently living in the house with your grandparent(s)?
- (1) Yes
  - (2) No
33. Are you currently living in the house with the father of your baby?
- (1) Yes
  - (2) No
34. When you became pregnant, were you living in the house with your parent(s)?
- (1) Yes
  - (2) No



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35. Before becoming pregnant, did you feel that you received enough attention at home?  
(1) Yes (2) No
36. How did your mother react to finding out that you were pregnant?  
(1) Positive (2) Negative (3) Don't know
37. How did your friends react to finding out that you were pregnant?  
(1) Positive (2) Negative (3) Don't know
38. Prior to becoming pregnant, were you using any method of birth control?  
(1) Yes (2) No
39. What method of birth control were you using before you became pregnant?  
(1) Pill  
(2) Foam  
(3) "shot" (example: Depo Provera)  
(4) Condom  
(5) Diaphragm  
(6) Rhythm/withdrawal  
(7) Norplant  
(8) None
40. How often did you use birth control before you became pregnant?  
(1) Never  
(2) Every time  
(3) Almost every time  
(4) Hardly ever
41. Did you want to become pregnant at this time of your life?  
(1) Yes (2) No
42. Prior to pregnancy, was birth control easy to obtain?  
(1) Yes (2) No
43. Did your baby's father object to using birth control?  
(1) Yes (2) No (3) Don't know
44. Prior to this pregnancy, did you want to use birth control?  
(1) Yes (2) No



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45. Who will keep your baby during the day? (Choose only one)
- (1) baby's mother
  - (2) baby's grandmother
  - (3) baby's aunt
  - (4) baby's father
  - (5) Friend
  - (6) Day care
46. How did your baby's father react when you told him you were pregnant?
- (1) Positive
  - (2) Negative
  - (3) Don't know
47. When you got pregnant, what relationship did you have with your baby's father?
- (1) He was my husband (legally married).
  - (2) He was my partner (not legally married).
  - (3) He was my boyfriend.
  - (4) He was a friend
48. How long do you think you should wait before becoming pregnant again?
- (1) 6 months
  - (2) 1 year
  - (3) 1 1/2 years
  - (4) 2 years
  - (5) 3 years
  - (6) Not sure
49. What type of birth control are you planning to use now?
- (1) Pill
  - (2) "shots" (example: DepoProvera)
  - (3) Foam
  - (4) Condom
  - (5) Diaphragm
  - (6) Rhythm/Withdrawal
  - (7) Norplant
  - (8) IUD
  - (9) None
50. Do you have a car?
- (1) Yes
  - (2) No
51. Do you use public transportation (example: Bus)?
- (1) Yes
  - (2) No
52. Do you depend on your family/friends for transportation?
- (1) Yes
  - (2) No



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53. Do you walk to most of the places that you want to go?

(1) Yes

(2) No

54. Who was the most important person in your life when you were 10 years old?

(1) Family member

(2) Teacher

(3) Church member

(4) Volunteer at a club

(5) Neighbor

55. The most important person in your life when you were 10 years old was...

(1) Female

(2) Male

56. What is your county of residence?

(1) Muscogee

(11) Schley

(21) Meriwether

(2) Chattahoochee

(12) Stewart

(22) Spalding

(3) Clay

(13) Sumter

(23) Pike

(4) Crisp

(14) Talbot

(24) Lamar

(5) Dooly

(15) Taylor

(25) Upson

(6) Harris

(16) Webster

(7) Macon

(17) Troup

(8) Marion

(18) Carroll

(9) Quitman

(19) Coweta

(10) Randolph

(20) Heard





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For the following questions, please indicate on a scale of 1 to 5 whether you agree or disagree with the following statements: (\*1 means that you strongly disagree and 5 means that you strongly agree)

	STRONGLY DISAGREE	DISAGREE	UNDECIDED	STRONGLY AGREE	AGREE
	←-----→				
57. I planned to get pregnant at at this time in my life.	1	2	3	4	5
58. My parents were happy when they found out that I was pregnant.	1	2	3	4	5
59. I used birth control every time I had sexual intercourse.	1	2	3	4	5
60. My relationship with my friends has not changed since I became pregnant.	1	2	3	4	5
61. The Father of my baby was happy when he found out that I was pregnant.	1	2	3	4	5
62. I plan to have another baby within 2 years.	1	2	3	4	5
63. Having this baby will not affect my plans for my future.	1	2	3	4	5
64. The Father of my baby has been very attentive during my pregnancy.	1	2	3	4	5
65. Graduating from High School is a priority for me.	1	2	3	4	5
66. I believe my baby's father will be attentive in our baby's life.	1	2	3	4	5



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